

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/041,848
		Filing Date	October 24, 2001
		First Named Inventor	Dean Warren
		Art Unit	2112
		Examiner Name	Paul R. Myers
Total Number of Pages in This Submission	15	Attorney Docket Number	42390P9321

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA	<input type="checkbox"/> Request for Refund	<div style="border: 1px solid black; padding: 5px;">Return Receipt Postcard</div>
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s)	
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Paul A. Mendonsa, Reg. No. 42,879 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	January 28, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Rachael L. Brown		
Signature		Date	January 28, 2005



AG / 2112
Jm

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:

Dean WARREN

Serial No.: 10/041,848

Group Art Unit: 2112

Filed: October 24, 2001

Examiner: P. Myers

FOR: PIPELINED, UNIVERSAL SERIAL BUS PARALLEL FRAME
DELINEATOR AND NRZI DECODER

RESPONSE UNDER 37 C.F.R. § 1.116

Commissioner for Patents
Mail Stop - AF
P.O. Box 1450
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Sir:

In response to the final Office Action mailed October 29, 2004, applicants provide the following remarks.

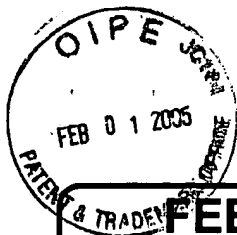
REMARKS

Claims 1-19 are pending in the application for reconsideration.

The applicant wishes to thank the Examiner for indicating allowable subject matter in claim 14.

Applicants object to the finality of the rejection. The Examiner is reminded of the requirements of MPEP § 706.02(j) Contents of a 35 U.S.C. 103 Rejection:

"It is important for an examiner to properly communicate the basis for a rejection so that the issues can be identified early and the applicant can be given fair opportunity to reply."



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

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Art Unit	2112
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METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____
☐ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) ☐ Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	19	20*	0
Independent Claims	4	4*	0
Multiple Dependent			
Large Entity			
Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	50	2202	25
1201	200	2201	100
1203	360	2203	180
1204	300	2204	150
1205	300	2205	150
SUBTOTAL (1)		(\$)	0.00

**or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
2053	130	2053	130
1251	120	2251	60
1252	450	2252	225
1253	1,020	2253	510
1254	1,590	2254	795
1255	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1,000	2403	500
1451	1,510	2451	1,510
1460	130	2460	130
1807	50	1807	50
1806	180	1806	180
1809	790	1809	395
1810	790	2810	395
SUBTOTAL (2)		(\$)	

Other fee (specify)

SUBMITTED BY

Name (Print/Type)	Paul A. Mendonsa	Registration No. (Attorney/Agent)	42,879	Telephone	(503) 439-8778
Signature		Date	01/28/05		